

The Central Virginia Consortium for Clinical Psychology

Intern Handbook

Training Year 2011-2012

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Introduction

The Central Virginia Consortium for Clinical Psychology (CVC) is a pre-doctoral internship open to counseling and clinical psychology students. We accept students from regionally accredited psychology programs in the United States and Canada. Students from both Ph.D. and Psy.D. programs are invited to apply.

The CVC is composed of four member agencies: Cumberland Hospital, Eastern State Hospital, Jewish Family Services (JFS) of Richmond, and Piedmont Geriatric Hospital. Interns are assigned to one of the member agencies as their primary placement for the internship year. Interns spend 36 hours per week at their primary placement, and have opportunities for smaller-scale experiences at other member agencies throughout the year. As a group, interns take part in weekly training activities (e.g., group supervision, didactic presentations, professional development “field trips”) held at one of the member agencies. The host site for training days rotates quarterly to each member agency during the training year.

The internship’s website can be found at the following address:

<http://www.pgh.dmhmrzas.virginia.gov/Internship/Internship.htm>.

Mission

The CVC internship serves trainees and the mental health community at large by providing broad-based professional psychology training to future psychologists. Each member site provides enthusiastic and dedicated support to the program by sharing its considerable knowledge and resources. Training is designed to have an immediate impact on matriculating interns, as well as benefiting the community at large by helping to increase the number and availability of highly qualified professional psychologists.

Vision

The CVC internship will provide high-quality intensive pre-doctoral internship training for the practice of professional psychology. Training will meet the most rigorous standards by promoting knowledge of and experience with best practices in the context of diverse populations across the lifespan. The internship will be a model collaborative program that integrates valuable clinical and philosophical perspectives from each member agency.

The Agencies

Cumberland Hospital

Cumberland Hospital for Children and Adolescents is a 94-bed hospital in New Kent, Virginia, which provides treatment for young persons with complex medical, behavioral and social profiles who have failed to get better repeatedly in other more traditional settings. By offering integrated medical, rehabilitative, and behavioral and educational services, Cumberland is able to stabilize and treat medical problems, help the family cope with their child's illness and injury, address severe behavior management problems, and reduce the likelihood of repeated hospitalizations. The hospital opened in 1983 to serve children with chronic medical conditions and accompanying emotional and behavioral disturbances. Over the last 25 years Cumberland built its reputation on treatment programs for brain injury, chronic illness, and neurobehavioral rehabilitation

Cumberland's dynamic multi-disciplinary psychology department is comprised of four licensed clinical psychologists, a psychology technician, and several licensed clinical social workers and licensed professional counselors for a total of 15 positions. Therapists have an individual caseload of patients for whom they facilitate individual and family therapy. Because of the broad spectrum of diagnoses and psychological issues represented by our patients, therapists are constantly challenged to find creative ways of engaging patients who have often been in several other placements prior to coming to Cumberland. Therapists also facilitate same-sex adolescent process and chronic illness groups for patients in the chronic illness program. In addition, the psychologists complete social/emotional psychological evaluations with all of the patients in the chronic illness program. Educational evaluations are completed as needed. Therapists collaborate with the members of their patients' multi-disciplinary treatment teams comprised of the physician, physical, occupational, and speech therapists as applicable, dietitians, teachers, nurses, behavior specialists and behavior counselors. For more information about Cumberland please refer to www.cumberlandhospital.com.

Eastern State Hospital (ESH)

Eastern State Hospital, the nation's first public mental health hospital, opened in 1773 and is now located three miles west of Colonial Williamsburg. The hospital offers active treatment programs to residents of southeastern Virginia.

Approximately 300 residents are housed and treated at ESH. The Hancock Geriatric Treatment Center (HGTC) provides care for residents over the age of 65. The Adult Mental Health Treatment Center (AMHTC) treats individuals ages 18 to 65. AMHTC is comprised of Civil and Forensic units, and treats individuals under voluntary or involuntary civil commitment comprised of acute, long-term, and medically fragile populations; individuals on jail transfer status; and individuals acquitted Not Guilty by Reason of Insanity (NGRI).

Residents are housed on single sex and/or co-ed wards within each building. The program includes a "levels system" that allows residents to gain increasing privileges and responsibilities as they recover during their stay, in preparation for their re-entry into the community.

Treatment is provided with the patient in partnership with a multi-disciplinary team comprised of a physician, psychologist, nurse, social worker, dietician, and activities therapist. Many treatment approaches, such as individual and group psychotherapy, behavior modification, pastoral counseling, milieu therapy and medication management, are used. The hospital offers a full program of activities including music, art and recreation. A library, gymnasium, auditorium, game room, greenhouse, swimming pool and picnic area are located on the hospital grounds. Vocational rehabilitation is available at the hospital through the Virginia Department of Rehabilitative Services. The hospital maintains a professional library with access to EBSCOHOST data bases online, which include: CINAHL (nursing database), MEDLINE, PsycINFO, Psychology and Behavioral Sciences Collection, EJS Journals, PsycARTICLE (Full-text) and PreCINAHL, in addition to access to STAT!REF-Electronic Medical Library (full text), and approximately 65 print journals.

Eastern State Hospital maintains cooperative educational programs with many area universities, including the College of William and Mary, The Medical College of Virginia, Old Dominion University and Eastern Virginia Medical School. Eastern State Hospital's rich historical, educational and community-oriented background contributes to the clinical experience available in its training programs.

Internship rotations at Eastern State Hospital will typically include opportunities to engage in inpatient work with severe psychiatric disorders, with additional opportunities in dual diagnosis, geropsychology, forensic evaluations and behavior treatment plans. Interns with special interests or skills in any of these areas should make this known to the Training Director. In addition, interns will have the opportunity to supervise doctoral-level practicum students from local graduate programs.

Jewish Family Services of Richmond (JFS)

Jewish Family Services is a non-profit social service agency that has provided a wide variety of services to the greater Richmond community since 1849. JFS has a highly experienced multi-disciplinary counseling department that includes two licensed psychologists, and six licensed clinical social workers, in addition to case managers and health care staff. JFS serves a wide variety of clients in individual, group, family, and couple's therapy. The department also provides assessment services for IQ, ADHD, personality & mood disorders, depression, learning and intellectual disabilities, and school accommodation. In addition, the counseling program is known for its involvement in a wide range of projects, services, and consultation, including school consultation and planning and community outreach. JFS has a reputation for providing excellent training in both intensive psychotherapy and therapy as a creative and dynamic process. Significant emphasis is placed on providing interns with intensive training in psychological assessment.

The counseling department maintains a commitment to serving the client as a "whole person." Accordingly, JFS staff are trained to function as a member of a team. Other services provided by JFS include home healthcare, bill paying, guardianship, adoption services, volunteer services (e.g. telephone reassurance, friendly visitors), and wee-care (services for the new mother).

In addition, JFS enjoys an excellent reputation in the Jewish community of Richmond and its related agencies. The counseling department contracts with other agencies and schools to offer a variety of training experiences.

JFS is committed to multi-cultural training and sensitivity and services a wide range of clients. In this vein, we provide interns with excellent multi-cultural training in providing services to the community. We treat clients regardless of age, race, religion or circumstances.

Specific intern opportunities at JFS include the following:

- Psychotherapy
 - o Opportunities for individual, group, and family psychotherapy with adults
 - o Possible opportunities for therapeutic work with children and adolescents
- Assessment
 - o Opportunities for assessments with children, adolescents, and adults
 - o Availability of wide range of referral questions including ADHD, learning disabilities, IQ, emotional functioning, pre-surgical psychological evaluation, and personality testing.
- Program Development
 - o Opportunities to start psychotherapy groups
 - o Gain experience recruiting clients
 - o Start new programming either at JFS or in conjunction with other agencies in the community.
- Other Opportunities
 - o Consultations with local schools
 - o Seeing clients at other area agencies

Piedmont Geriatric Hospital (PGH)

Piedmont Geriatric Hospital is a 128-bed inpatient geropsychiatric hospital, operated by the Virginia Department of Behavioral Health and Developmental Services (DBHDS). It is the only Virginia state facility that exclusively treats elderly persons (65+ years of age) who are in need of inpatient treatment for mental illness, meet the requirements for voluntary or involuntary admission as determined by their mental health center (Community Services Board, or CSB), and do not have a medical condition that requires priority treatment in an acute care hospital. Piedmont's clientele present with a wide array of psychiatric and behavioral disturbances, including severe and persistent mental illness, dementia syndromes, adjustment and other emotional disorders, and personality disorders. The hospital operates with an interdisciplinary model of care, and treatment teams include psychologists, psychiatrists, internists, nurses, social workers, and rehabilitation services professionals (e.g., music, activity, recreational, and occupational therapists). The Piedmont Psychology Department has four licensed doctoral-level psychologists on staff; doctoral-level practicum students are also on site and can provide an opportunity for interns to gain experience as clinical supervisors.

Piedmont is a progressively-minded and highly dynamic organization that places a high priority on student training and professional development. Although the PGH population is somewhat specialized, many students with interests outside of geriatric psychology have gained knowledge and skills that are relevant and readily applicable to many other patient populations. PGH also

operates a teaching arm of the hospital called Piedmont Geriatric Institute (PGI), which provides both geriatric-specific and general mental health training to community health care professionals, caregivers, and mental health consumers. Interns have the opportunity to create and present workshops through PGI, depending on individual interests. More information about PGH can be found at the following link: <http://www.pgh.dbhds.virginia.gov>.

Specific intern opportunities at PGH include the following:

- Treatment team membership on the Dementia/Severe Mental Disorder unit
 - Clinical decision-making with team members, progressing to autonomous representation of the Psychology Department on the treatment team
 - Consultation to nursing and other professional staff
 - Designing and conducting interventions (primarily behavior planning and milieu therapy)
 - Conducting evaluations (annual assessments, referred cognitive evaluations)
 - Supervising undergraduate students who periodically complete time-limited internships at PGH for time-limited periods(ultimately under the supervision of a licensed clinical psychologist, who provides “supervision of supervision”)
- Other PGH opportunities
 - Conducting detailed admission evaluations (multifaceted cognitive and emotional screenings)
 - Observing a variety of forensic evaluations and occasional court proceedings
 - Developing and conducting workshops for community caregivers and/or PGH staff
 - Providing individual restoration services to pre-trial patients ordered to PGH for restoration of competency to stand trial
 - Designing and conducting interventions on the Admissions and Forensic/Behavior Management units (behavior planning, individual psychotherapy, psychoeducational groups, group psychotherapy)
 - Conducting evaluations (annual assessments, violence risk assessments, referred cognitive and personality evaluations)
 - Conducting annual evaluations of patients who have been adjudicated Not Guilty by Reason of Insanity (NGRI)

Specific opportunities and experiences can be negotiated with the Training Director and assigned site supervisor(s) prior to or at the beginning of the internship year. Once agreed upon, the intern’s duties will be clearly delineated in their PGH job description and signed off by the intern and primary clinical supervisor.

Internship Selection Procedures

The CVC internship is a member of the Association of Psychology Postdoctoral and Internship Center (APPIC), and adheres to all APPIC policies, guidelines and procedures relative to information dissemination, interviewing, selection, and notification, including participation in the National Matching Services selection process. All Internship Program training positions will be filled through the Match and/or Clearinghouse, unless permission is granted otherwise by the APA Commission on Accreditation (CoA), with a clearly defined process to review, interview, and rank applicants.

The Training Director, in consultation with the Internship Program Committee, has established procedures for the annual review of all applications. The Committee, chaired by the Training Director, is comprised of at least one representative from each training site. The goal is to have an internship training cohort that is clinically competent and theoretically grounded, and who values generalist training and integration of diversity.

The annual deadline for internship applications is November 15th. To apply, applicants must complete the online APPIC Application for Psychology Internships (AAPI). Complete application packages should include: the General Application Form; cover letter indicating the CVC site(s) for which the applicant is seeking consideration; Curriculum Vitae; at least three letters of recommendation from persons familiar with the applicant's professional skills and development; and official graduate transcripts. All applicants must be at a post-practicum and pre-doctoral level relative to their training status.

Following a preliminary review for application completeness and acceptability, application materials are distributed to committee members based on the applicant's rotation preferences. Each applicant is reviewed minimally by two reviewers to determine the applicant's acceptability to the Internship Program, and whether or not that applicant should be extended an invitation to interview. All applicant reviewers sign a Statement of Confidentiality, and recuse themselves if they have or may be perceived to have a conflict of interest relative to internship applicant's review and/or selection. All candidates are reviewed without preferential consideration.

Two reviewers independently complete an evaluation form that includes numerical ratings and qualitative information for each applicant and make recommendations as to whether the applicant should be interviewed or rejected. Based on Committee discussion, an applicant may or may not be extended an interview regardless of their overall ratings. The Committee collaboratively develops a list of applicants who will be extended an invitation to interview. The Training Director will contact each applicant in the interview pool by email or phone to schedule an interview. Two interview days are scheduled in January, with interview offers extended no later than December 15th, consistent with APPIC guidelines. Applicants must confirm their acceptance of an interview, after which confirmation of interview date, schedule of interview day activities, and other supporting information (e.g., maps, hotel information) will be disseminated to applicants. Face-to-face interviews are strongly preferred by the Committee, although applicants may request a phone interview in extenuating circumstances. Applicants who are not invited for interviews will be notified by email on or before December 15th.

Applicant site preferences are indicated at the time of the initial internship application and efforts are made to schedule the applicant with interviewers from his/her preferred site. Each applicant

will have two approximately 30-minute interviews with faculty members from two different sites. Interviewers will then complete an Interview Rating Form, on which the applicant is judged along a 5-point scale for goodness of fit with each site, in addition to narrative comments. At the conclusion of each interview day, Interview Rating Forms for each interviewee are returned to the Training Director. The interview ratings are compiled and then considered with the written application ratings to generate a second rank order list of applicants. The Committee meets again to make recommendations to the Training Director relative to a final applicant pool, and rankings for each site. The Training Director compiles the final applicant ranking lists based on Committee recommendations and submits it to the Match adhering to APPIC guidelines.

No intern will be accepted into, denied admission to, or disqualified from the internship solely on the basis of their ethnic/cultural heritage, religious or spiritual beliefs, or status as a minority of any type. Interns are, however, expected to demonstrate an understanding of any cultural/diversity factors they identify with and how those factors may contribute to the intern's psychological work with clients.

Practicum and Academic Preparation Requirements

Successful candidates to the CVC internship training program will meet the following requirements:

Domain	Requirement	Comments
Academic program of origin	Regionally accredited graduate programs will be considered; APA accredited programs preferred	May be Psy.D. or Ph.D.
Practicum hours	Must total at least 500 hours prior to start of internship	Type of hours based on AAPI definition of assessment and intervention hours
Years of doctoral study	Must have completed at least 3 years prior to start of internship	Most doctoral programs have their own residency requirements that meet or exceed this standard
Requisite coursework	All doctoral coursework, minus dissertation credits, must be completed by the start of internship. Course of study follows APA guidelines for accredited doctoral programs	Dissertation proposal must be approved prior to the application deadline
Comprehensive exams	Exams will have been taken and passed prior to the application deadline	
Application due date	November 15 th (by the end of the business day)	

Intern Training and Administrative Information

Orientation

Interns participate in Consortium and site-specific orientation during the first one to two weeks of placement, depending on the assigned site. A detailed orientation schedule—based upon the intern’s primary placement—will be provided to each intern at the CVC orientation on the first day of the internship.

Intern Assignments

Currently, the CVC internship offers five (5) full-time pre-doctoral training slots. One intern is assigned to PGH, Cumberland, and JFS; two interns are assigned to ESH. Interns will spend 36 hours per week at their primary site, consisting of four 9-hour days. Site supervisors will provide clear guidelines regarding how the extended hours will be accomplished at each site.

Weekly Training

All interns will participate in training for at least four hours on Tuesdays. The training day will typically include a formal didactic seminar and group supervision. Up to three times per quarter, an interactive off-site didactic (“field trip”) will periodically be substituted for the formal didactic and/or group supervision. Interns will be provided with a written training schedule that may be updated periodically throughout the year. Interns will be expected to complete a written evaluation of each didactic seminar, which will be turned into the Training Director at regular intervals for review by the internship faculty. Didactics and training will focus on psychodiagnostics, techniques of psychotherapy, psychological and forensic assessment, ethics, multicultural issues, professional development, and other relevant topics. Training activities are expected to take up one half of each Tuesday; the other half of the day can be spent on dissertation or pursuing an optional training opportunity at a non-primary site, depending on the intern’s interest. The schedule of hosting sites for 2011-12 is listed below:

August 30 through December 6:	Jewish Family Services (Richmond, VA)
December 13 through February 28:	Piedmont Geriatric Hospital (Burkeville VA)
March 6 through May 15:	Cumberland Hospital (New Kent, VA)
May 22 through August 14:	Eastern State Hospital (Williamsburg, VA)

Psychotherapy for the Therapist

The CVC does not require personal psychotherapy for interns. However, we recognize the value of personal psychotherapy for the therapist. It is important to gain experience of psychotherapy “from the other side of the couch.” We reserve the right to recommend and/or require personal psychotherapy if it becomes clear the intern is at an impasse in his or her training. We respect intern’s right to confidentiality and will not ask for any personal information from their psychotherapy.

Supervision

All interns will receive a minimum of two (2) hours of individual supervision per week by their primary site supervisor(s). In addition to participating in site-specific group supervision with other trainees, interns will also take part in 1.5 to 2 hours of group supervision facilitated by a psychologist at the site that is hosting the training day for that quarter.

Requirement for Completion of Internship

Interns shall complete 12 consecutive months of training for a total of 2000 hours.

Leave Time/Scheduled Absences

Interns will be required to adhere to the leave policies of their respective training sites. In general, two weeks of leave time (5 personal days, 5 sick days), not including holidays, has been built into the internship. Interns must schedule and have this time approved by their primary supervisor at least two weeks in advance of the requested time off. A plan for making up leave time that is taken in excess of the two-week allowance should be developed in coordination with the primary site supervisor and approved by the Training Director. Interns should discuss any anticipated needs for holiday leave with the site supervisor and Training Director well in advance of the requested leave dates. Sick leave may be authorized for absence due to medical reasons for a period not to exceed two weeks (10 business days). Each intern should immediately notify his/her site supervisor of any illness and provide a physician's note to document illness lasting three or more days. Leave time for educational purposes (i.e., training conferences, meetings related to dissertation) can be approved by site supervisors at least two weeks in advance of the requested time off.

Internship Faculty

Training Director

Patricia Hooker Parham, Ph.D. – Licensed Clinical Psychologist, Forensic Coordinator (PGH)

Piedmont Geriatric Hospital

Lindsey K. Slaughter, Psy.D. – Licensed Clinical Psychologist, Psychology Director

Matthew Moyer, Ph.D. – Licensed Clinical Psychologist, Psychologist II

Andrew L. Heck, Psy.D., ABPP – Licensed Clinical Psychologist, Clinical Director

Stephen M. Herrick, Ph.D. – Licensed Clinical Psychologist, Facility Director

Cumberland Hospital

Deborah A. Hill-Barlow, Ph.D. – Licensed Clinical Psychologist, Director of Psychology

Michael E. Hayes, Ph.D. – Licensed Clinical Psychologist, Staff Psychologist

Jennifer Rice, Psy.D. – Licensed Clinical Psychologist, Staff Psychologist

Katherine Marsh, Psy.D. – Psychology Resident

JFS of Richmond

Sydney K. Fleischer, Ph.D. – Licensed Clinical Social Worker, Chief Operating Officer

Deborah J. Mazzarella, Psy.D. – Licensed Clinical Psychologist

David Israel, Ph.D. – Licensed Clinical Psychologist

Eastern State Hospital

Donna Cairns, Psy.D. – Licensed Clinical Psychologist, Psychologist III

Alexandra Price, Psy.D. – Licensed Clinical Psychologist, Psychologist II

Frederic Tate, Rh.D. – Licensed Professional Counselor, Psychology Associate II (Doctor of Rehabilitation Psychology)

Jennifer Stelmach, MA (Psy.D. is pending) – Psychology Associate II

Jessica Smith, Psy.D. – Psychology Associate II

Amanda Simon-Parsons, MA (Psy.D. is pending) – Psychology Associate II

Edward Turner, Ph.D. – Licensed Professional Counselor, Psychology Associate II

Additional Staff

Interns will be afforded multiple opportunities to interface and train with professionals of other disciplines including licensed clinical social workers, psychiatrists, nursing staff, administration, and other professional and paraprofessional staff.

Goals of the Training Program

The goals and training program of the CVC are modeled upon the document, *Assessment of Competency Benchmarks Work Group: A Development Model for the Defining and Measuring of Competence in Professional Psychology, June 2007*. The consortium is developed and modeled after the APA Board of Educational Affairs committee to provide competency benchmarks of professional psychology as operationalized in the above article.

Functional Competencies

Goal 1: At completion of training, the intern will demonstrate psychodiagnostic competency that includes the ability to complete psychodiagnostic testing and to utilize case formulation and diagnosis in treatment planning. This will include the following:

- The ability to choose an appropriate testing battery within population(s) of the intern's choice
- The ability to complete a psycho-diagnostic interview
- The ability to utilize psycho-diagnostic testing and intake information to conceptualize a broad range of clients.
- An understanding of the limitations of psychodiagnostic tools

In consultation with their supervisors and the Training Director, the intern will select from a variety of training opportunities which include work with children, adolescents, adults, and a geriatric population with a variety of diagnoses. *Interns are not expected to gain competence with every population.* However, they are expected to gain competence within at least one age range and with several diagnostic categories.

This goal will be achieved in stepwise fashion through a variety of means.

- The didactic curriculum will include sessions on assessment and diagnostic issues.
- Weekly group supervision will emphasize differential diagnosis and its role in case conceptualization and treatment planning.
- Specialized training for each site (Cumberland, ESH, JFS, and Piedmont) will be provided by individual supervisors at each location.

At the beginning of the internship, emphasis is placed on choosing proper assessment tools, scoring and interpreting accurately, and interviewing clients with depth and breadth. Interns will also focus on developing professional writing skills to communicate diagnostic impressions and treatment recommendations. As the internship progresses, the intern will be expected to take a more active role in decision-making in selecting test batteries. Interns will also be expected to demonstrate increased competence in developing and communicating DSM-IV-TR multiaxial diagnoses both verbally and in written form.

By the completion of internship, students will be expected to have completed at least:

- 10 intake interviews and/or psychosocial assessment interviews
- 15-20 psychodiagnostic assessments

Goal 2: At completion of the internship, the intern will demonstrate competence in psychotherapy that includes short-term treatment, long-term treatment, and crisis management. This goal includes the following:

- Ability to establish rapport and therapeutic relationship with a client
- Ability to establish boundaries and a framework for treatment
- Ability to demonstrate flexibility and ability to “think on one’s feet” as needed
- Ability to utilize at least one theoretical model of diagnosis and intervention
- Ability to evaluate treatment progress both formally (using outcome measures) and informally and to modify treatment planning as appropriate

Once again, this goal will be achieved in a step-wise fashion through several means:

- The didactic curriculum will include sessions focusing on philosophy and techniques of treatment.
- Individual and group supervision will focus on in-session process. Interns will be expected to provide examples of process through written notes or tape recordings of sessions.
- Opportunities to serve as co-therapists with licensed therapists in family and/or couple’s work (site specific).

At the beginning of the training year, the intern will be expected to demonstrate the ability to establish rapport, demonstrate empathic listening, and to establish a therapeutic relationship. They will be expected to bring process issues and questions to training and supervision and to return to future sessions with increased competence. Throughout the training year, the intern will be expected to gain increased competence in working with a variety of clients, to manage resistant and/or otherwise difficult clients, and to demonstrate a growing ability to think on their feet in the treatment room. They will also gain an increased ability to know when to be supportive and empathic and when to utilize confrontation, limit-setting, and/or interpretation.

Goal 3: At the completion of internship, the intern will be able to consult with other professionals and participate as a member of an interdisciplinary team.

This training program recognizes the value of psychologists as members of interdisciplinary teams. The intern is afforded multiple opportunities in each of the member agencies to work as a consultant and team member in school, hospital, and clinic settings. Thus, the consortium strives to strengthen the role of psychologist as team member while promoting understanding and respect for other professional and paraprofessional staff.

Interns will develop this skill in a step-wise fashion. The beginning of the training year focuses on discussing topics related to consultation and team work. This will be a focus of both individual and group supervision. The interns will be encouraged to take on a role as observer when s/he first begins participating on the treatment team. As the intern becomes more comfortable in the setting, s/he will take on an increasingly more active role as consultant.

Foundational Competencies

Goal 4: At the completion of internship, the student will demonstrate the ability to use self as a therapeutic change agent, to actively and accurately critique one's own performance, and to demonstrate ability for self-care.

This goal will be achieved through active treatment of clients, as well as individual and group supervision. At the beginning of the training year, the intern will establish personal goals in consort with the site supervisor(s). These goals will be written and will take into account the student's strengths and weaknesses, as well as her/his professional goals.

Throughout the training year, a strong emphasis will be placed on focusing on the interpersonal dynamics of the student as therapist, consultant, diagnostician, and member of a team. Thus, an important emphasis of training will be on how the student presents him/herself in these various roles.

The student will be encouraged to share his or her own personal reactions and struggles to therapeutic work as one tool in the treatment process. The Consortium recognizes the value of psychotherapy for the psychotherapist. The intern is not required to undergo psychotherapy, nor is it asked about during the initial interview for candidacy. However, the training agreement includes a clause that we can require personal psychotherapy during the training year if it becomes evident that the intern is struggling excessively with countertransference issues. The intern will not in any way be required to share material from personal therapy in supervision.

Once again, this goal will be met in step-wise fashion. Interns are expected to begin the training year with a good beginning awareness of their strengths and weaknesses and an expectation that their own interpersonal process and reactions impact their therapeutic work and will be expected topics of discussion in supervision and training. It is expected that trust is built within the supervisory relationship. As a result, throughout the training year, interns are expected to become increasingly comfortable in self-disclosure, increasingly aware of their own process, and increasingly able to utilize their reactions in the treatment room.

Goal 5: At the completion of internship, the intern will possess a solid professional identity as a psychologist that includes the following:

- Personal career goals and a defined path to attain them.
- The knowledge of psychology as a science and the ability to integrate the current science of psychology into clinical practice.
- A commitment to professional growth through continued learning and keeping abreast of the field.

The intern will be expected to begin the training year with an understanding of psychology as a science and with the basic skills to integrate and evaluate the science of clinical work. The training year will focus on providing numerous opportunities for growth on this goal through formal didactics, field trips, and supervisory time devoted to discussion of professional identity. Through monthly field trips, interns will be exposed to a variety of different types of

psychologists fulfilling many different roles. They will be encouraged to learn from a number of role models and to ask questions specific to this goal.

Goal 6: Interns will complete the training year with an awareness and sensitivity in working professionally with diverse individuals and communities. This will include the following:

- Ability to work effectively with individuals of diverse backgrounds
- A good understanding of how the intern's own cultural history and biases impact his/her clinical work
- A capacity to consult when needed with regard to issues of diversity

Interns are expected to begin the training year with some knowledge of cultural diversity and openness to continued lifetime learning in this area. The training program emphasizes flexibility, openness, and a healthy curiosity when it comes to cultural diversity. Most importantly, the consortium recognizes the need to consult and the need for commitment to lifetime learning in this area. Issues relevant to cultural diversity will be explored in didactic sessions, during community field trips, and in supervisory sessions addressing current client issues related to multiculturalism.

Goal 7: Interns are expected to complete the training year with a strong awareness of the ethical principles of psychologists and an ability to utilize ethical principles in clinical decision-making.

Interns are expected to begin the training year with substantial knowledge of the *APA Ethical Principles and Codes of Conduct*, as well as other relevant ethical and professional codes. Didactics and supervisory sessions will be utilized to examine and become sensitive to day-to-day ethical concerns within psychology practice. Each of the four partner agencies of the consortium utilizes internal ethics committees, and interns will be exposed to the process as significant events occur and are explored by these committees. Ethical issues will also be explored in didactic sessions. The consortium emphasizes the lifelong commitment to education in ethics as well as the crucial component of collegial consultation whenever one is faced with ethical dilemmas.

Due Process Procedures

These policies and procedures are intended to be consistent with those accreditation standards of the Association of Psychology Postdoctoral and Internship Centers, the accreditation standards of the American Psychological Association, and the relevant statutes for the practice of psychology in the Commonwealth of Virginia.

Interns are expected to become familiar with and follow the policies and procedures of all agencies in which they perform services (i.e. Cumberland, ESH, JFS, and Piedmont). This is to include consultation work in external settings.

The Evaluation Process

The Consortium's training program continually assesses each supervisee's performance and conduct with reference to the written Training Agreement established between the supervisee, the Training Director, and the intern's primary supervisor at the beginning of the training year. They will also collaboratively establish, revisit, and revise personal training goals as the training year progresses. The initial goals should be established by October 1st and will be revisited at least during each evaluation period, or more frequently if necessary.

It is expected that interns will be provided with ongoing evaluation of their performance during supervision. All interns will receive at least two (2) hours of individual face-to-face supervision with at least two different psychologists associated with the consortium.

Interns will be given formal performance feedback at two (2) points during the internship year. Due dates to supervisors for the 2011-12 performance evaluations are listed below:

1. March 1, 2012
2. August 17, 2012

Supervisors will utilize the Intern Evaluation Form (attached) to provide constructive feedback to the intern within the framework of the program's goals (see previous section). Interns will be rated using a scale anchored with the categories Needs Remediation, In Progress, and Meets Expectations. *It is important to note that the meaning of each of these categories will differ between interns*; the initial goals—developed in collaboration between the supervisee and the intern—will serve as the points of comparison against which they are rated continually. Any rating of Needs Remediation will be accompanied by a written action plan that describes, in detail, the expected tasks or behaviors that will help the intern meet their training goal. Interns will also complete evaluations of their primary supervisors twice during the year utilizing the Evaluation of Supervisors form (attached).

Performance evaluations will be completed by the intern's primary supervisor at their primary site placement. In the event that the intern's supervision is carried out equally by two different supervisors at one site, the supervisors will share responsibility for the performance evaluation. In addition, supervisors completing the performance evaluations will confer with the group supervisors and the intern's supervisor(s) from any external site placement in which they are taking part in order to capture all possible aspects of the intern's performance.

Quarterly meetings will be conducted with all supervisors and faculty involved in the consortium, to review intern progress and discuss salient internship process and procedures. For the performance evaluations, the Training Director will consult all supervisors and other professionals who have significant contact with the supervisee (e.g., administrators and staff from consulting agencies). The supervisee will have the opportunity to sign and comment upon each written evaluation. Copies of the evaluation will be kept in the individual's internship file which is maintained by the Training Director. Documentation of conduct that violates the rules of the agency in which an intern is placed will be submitted to and kept in their agency personnel file per the policies of the agency.

Communication with Sponsoring Graduate School

The Training Director is responsible for communication with each intern's sponsoring graduate program about the intern's activities and progress. This is to include providing a copy of the final evaluation form and a copy of the certificate of completion of the internship. The Training Director will also be responsible for any other paperwork or communication that is required by the school (e.g. some programs require additional evaluations at the end of each semester). If there are significant concerns about the intern's progress that cannot or should not be handled strictly within the confines of the internship, the Training Director is expected to contact the sponsoring graduate program and appraise the appropriate liaison of the problem. In addition, it is expected that the Training Director will seek input on resolving the difficulties as needed.

Problematic Performance

It is expected that interns will come to the CVC with a variety of relative strengths and weaknesses. It is also expected that training is an incremental process and that interns will display significantly better skills across the internship year. Thus, interns are expected to demonstrate comfort with training that focuses on personal and professional growth in the various skill areas of clinical psychology.

Problem behavior and performance is defined as occurring when there is interference in professional functioning that renders the supervisee unable and/or unwilling to acquire the professional skills needed to reach an acceptable level of competency. Problem behaviors may include (but are not limited to) any of the following:

- The intern does not acknowledge, understand, or address the problem behavior when it is identified.
- The problem behavior is not merely a reflection of a skill defect that can be rectified by academic or didactic training.
- The quality of services is seriously affected.
- The problem behavior is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The problems do not change for the positive as a function of feedback, remediation efforts, and/or time.

Procedures for Responding to Problematic Performance

When a supervisor determines that an intern demonstrates problem performance or conduct, the supervisor will notify the Training Director in writing of the problem. S/he will detail what feedback has been provided to the intern to date and what plan(s) of actions have been taken.

The Training Director will consult with the supervisor and decide upon a plan of action. This plan of action will be put into writing. Plans of action may include, but are not limited to, the following:

- Scheduling a meeting between the intern, the supervisor(s), and the Training Director to discuss the problem(s) and possible corrective actions.
- Notification and consultation with the intern's Director of Graduate Training and/or Graduate Advisor.
- Recommendation that the intern seek personal psychotherapy.

If remedial action is required, the written plan will include the specific action, as well as the date by which the plan will be re-evaluated.

Recommendations for a leave of absence or a second internship will be made only upon consultation between the intern's supervisors and the Training Director.

Upon recommendation for a leave of absence or completion of a second internship, the intern will have 30 days to file a written grievance and request a meeting to discuss the decision with the Training Director and the supervisors. In addition, the intern's Director of Graduate Training may be invited to participate via phone conference or in person.

Intern Grievances with Supervisors

If an intern has a grievance with a clinical supervisor, s/he shall put the grievance in writing and submit it to the Training Director. The Training Director will then determine what, if any, outside resources are needed to address the complaint (e.g., human resources, public legal resources, etc.).

Accusations against a supervisor that suggest that the intern remains at active risk of being physically or psychologically harmed will result in that intern's being placed under the supervision of another supervisor until the matter is resolved. Retributive behavior on the part of supervisors against interns who have made complaints will not be tolerated.

If an accusation is found to be warranted, the Training Director may, in consultation with each site's supervisory representative, suspend or revoke the faculty member's supervisory status within the internship. In some cases, depending on the type and severity of the accusation, matters may be forwarded to the Human Resources department at the supervisor's home institution for resolution.

When applicable, the intern will also be instructed to follow the grievance/complaint policy of their assigned member agency.

Intern: _____
Supervisor: _____
Date: _____

Personal Goal Form

This form is to be developed in consultation with the intern's supervisor(s). It is meant as a forum to allow for individualized goals and/or foci of the overall training goals. It is not necessary to develop individual goals in each of the seven categories below. However, it is hoped the each of the interns will chose a few personal goals to focus on throughout the training year. This form is to be filled out by October 1st. A copy will be sent to the Training Director. It is to be reviewed and updated with each evaluation period.

Goal 1: Competence in psycho-diagnostic skills.

Goal 2: Competence in psychotherapy

Goal 3: Competence in consultation and work within an interdisciplinary team

Goal 4: Competence in ability to use self as therapeutic change agent.

Goal 5: Development of solid professional identity

Goal 6: Competence in working with diversity of clients and communities.

Goal 7: Competence in knowledge of ethical principles of psychology and an ability to apply them to clinical practice.

Central Virginia Consortium for Clinical Psychology Weekly Activity Log

Intern:	Week of: ___/___/___ to ___/___/___
Internship Site (circle one): PGH Cumberland JFS ESH	
Supervisor:	
<i>For each activity listed, enter the total number of hours engaged in that activity for each day. For special activities (i.e. seminars, workshops, etc.), list the title as well as the hours spent. Use space at bottom of form to add details, e.g., age group of clients, DSM-IV diagnoses, interventions performed (e.g., cognitive-behavioral), assessment conducted (e.g., MMPI). You and your on-site supervisor must sign off on each weekly log. Turn in to Training Director weekly.</i>	

	MON	TUE	WED	THUR	FRI	SAT	SUN	Weekly Total	Previous Total	Cumulative Total
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DIRECT SERVICE HOURS

Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___			
Intervention -- Individual										
Intervention -- Group										
Intervention -- Family										
Intervention -- Couples										
Intake Interview										
Assessment										
Record keeping										
Treatment Planning										
Other (describe)										
Clinical Hours Subtotal										

SUPERVISION HOURS

Individual Supervision										
Group Supervision										
Consultation										
Staff Meetings										
Seminars/Workshops										
Other (describe)										
Supervision Hrs Subtotal										
Total Daily Hours										

Notes: _____

Intern: _____ Date: _____ Supervisor: _____ Date: _____

Central Virginia Consortium for Clinical Psychology
Intern Evaluation Form

Name of Intern: _____ **Date of Evaluation:** _____

Supervisor(s): _____ **Primary Site:** _____

CLINICAL SKILLS	Needs Remediation	In Progress	Meets Expectation
Consults and works effectively within an interdisciplinary team			
Knows how to use theory (e.g., CBT, interpersonal, psychodynamic) to conceptualize and administer his/her therapy and assessment cases.			
Establishes and maintains relationships with client(s) to facilitate treatment goals.			
Conducts clinical interviews and assessments that facilitate treatment planning (including interviewing skill)			
Makes reliable differential diagnostic decisions using DSM criteria.			
Can administer, score, and interpret assessment instruments correctly.			
Writes clear and accurate progress notes and reports that adhere to the assessment standards of the site.			
Demonstrates awareness of and adherence to ethical standards in his/her clinical work.			

COMMENTS: _____

PROFESSIONAL SKILLS	Needs Remediation	In Progress	Meets Expectation
Is organized and prepared for supervision			
Is able to integrate feedback from supervision			
Is open to addressing transference and countertransference issues in supervision			

Central Virginia Consortium for Clinical Psychology
Intern Evaluation Form

Demonstrates an appropriate balance between working autonomously and seeking supervision when needed			
Demonstrates care and accuracy in completing written assignments			
Maintains appropriate boundaries with professional staff and with clients			
Keeps scheduled hours and is responsible in attending meetings, appointments, etc.			

COMMENTS: _____

INTERPERSONAL SKILLS	Needs Remediation	In Progress	Meets Expectation
Has good listening and communication skills			
Has a good working relationship with other staff members and students at the agency			
Has social flexibility and tact in professional and personal interactions			
Understands how personal style affects clinical work			
Is aware of impact of self on clients, co-workers, and supervisors			

COMMENTS: _____

Intern Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Central Virginia Consortium for Clinical Psychology
Supervisor Evaluation Form

Name of Intern: _____

Name of Supervisor: _____

Semester(s) of supervision: _____

Complete the following 48 items by indicating the best rating for each. Use this 7 point rating scale:

1	2	3	4	5	6	7	N/A
Strongly Disagree			Totally Neutral			Strongly Agree	

*Indicate n/a if item is not applicable.

I. Conceptualization/Goal Setting. My supervisor...

1. encourages me to conceptualize in new ways regarding my clients _____
2. helps me to define and achieve specific, concrete goals for myself _____
3. helps me organize relevant case data in planning goals and strategies with my client _____

II. Addresses Learning Needs Identified by student. My supervisor...

5. addresses issues relevant to my current concerns as a therapist _____
6. helps me clarify my therapy objectives _____
7. provides me with opportunity to adequately discuss the major difficulties
I am facing with my clients _____
8. gives me the chance to discuss personal issues related to therapy _____
9. provides me with up-to-date information regarding therapy and assessment _____
10. provides me with sufficient autonomy for my level of training _____
11. helps me focus on new alternative therapy strategies that I can use with my clients _____
12. helps me focus on how my therapy behavior influences the client _____
13. encourages me to try alternative therapy skills _____
14. adequately emphasizes the development of my strengths and capabilities _____

Central Virginia Consortium for Clinical Psychology
Supervisor Evaluation Form

1	2	3	4	5	6	7	N/A
Strongly Disagree			Totally Neutral			Strongly Agree	

*Indicate n/a if item is not applicable.

15. enables me to brainstorm solutions, responses, and techniques that would be helpful in future therapy situations —

16. deals appropriately with the affect in my therapy sessions —

17. deals appropriately with the content in my therapy sessions —

18. helps me use tests constructively in therapy —

19. prepares me adequately for my next therapy session —

20. focuses on the implications and consequences of specific behaviors in my therapy approach —

21. provides suggestions for developing my therapy skills —

III. Motivational. My supervisor...

22. motivates me and encourages me —

23. encourages me to use new and different techniques when appropriate —

IV. Self-Assessment. My supervisor...

24. motivates me to assess my own therapy behavior —

25. challenges me to accurately perceive the thoughts, feelings and goals of my client and myself during therapy —

26. helps me develop increased skill in critiquing and gaining insight from my therapy tapes —

27. allows and encourages me to evaluate myself —

V. Feedback/Evaluation. My supervisor...

28. provides me with useful feedback regarding therapy behavior —

29. provides me with specific help in areas I need to work on —

Central Virginia Consortium for Clinical Psychology
Supervisor Evaluation Form

1	2	3	4	5	6	7	N/A
Strongly Disagree			Totally Neutral			Strongly Agree	

*Indicate n/a if item is not applicable.

- 30. is helpful in critiquing report writing —
- 31. gives me useful feedback —
- 32. explains the criteria for evaluation clearly and in behavioral terms —
- 33. applies criteria fairly in evaluating my therapy performance —
- 34. clearly defines his/her expectations of me in the practicum —

Supervisory Relationship. My supervisor...

- 35. helps me feel at ease with the supervision process —
- 36. enables me to become actively involved in the supervision process —
- 37. makes me feel accepted and respected as a person —
- 38. appropriately addresses interpersonal dynamics between supervisor
and supervisee —
- 39. can accept feedback from me —
- 40. helps reduce defensiveness in supervision —
- 41. enables me to express opinions, questions, and concerns about my therapy —

Global. My supervisor...

- 42. makes supervision a constructive learning process —
- 43. structures supervision appropriately —
- 44. conveys competence —
- 45. is flexible enough for me to be spontaneous and creative —
- 46. is available for the agreed-upon hours of supervision —
- 47. makes sufficient supervision time available to meet my needs —

